

Supplemental Application Data Sheet

Application Information

Application number::

Filing Date:: July 26, 2006

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?::

Number of CD disks::

Number of copies of CDs::

Sequence submission?:: Paper

Computer Readable Form (CRF)?:: Yes

Number of copies of CRF:: 1

Title:: METHODS OF MAKING AND USING SKIN-DERIVED STEM CELLS

Attorney Docket Number:: 50037/003003

Request of Early Publication?:: No

Request of Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 28

Small Entity?:: Yes

Petition Included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Canada

Status:: Full Capacity

Given Name:: Freda

Middle Name:: D.

Family Name:: Miller

Name Suffix::

City of Residence:: Toronto

State or Province of Residence:: Ontario

Country of Residence:: Canada

Street of mailing address:: 87 Marlborough Ave.

City of mailing address:: Toronto

State or Province of mailing address:: Ontario

Country of mailing address:: Canada

Postal or Zip Code of mailing address:: M5R 1X5

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Canada

Status:: Full Capacity

Given Name:: Karl

Middle Name::

Family Name:: Fernandes
Name Suffix::
City of Residence:: Montreal
State or Province of Residence:: Quebec City
Country of Residence:: Canada
Street of mailing address:: 2635 Rufus Rockhead Road, Unit 405
City of mailing address:: Montreal
State or Province of mailing address:: Quebec City
Country of mailing address:: Canada
Postal or Zip Code of mailing address:: H3J 2W6

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Canada
Status:: Full Capacity
Given Name:: Jeff
Middle Name::
Family Name:: Biernaskie
Name Suffix::
City of Residence:: Toronto
State or Province of Residence:: Ontario
Country of Residence:: Canada
Street of mailing address:: 2710-736 Bay St.
City of mailing address:: Toronto
State or Province of mailing address:: Ontario
Country of mailing address:: Canada

Postal or Zip Code of mailing address:: M5G 2M4

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Canada
Status:: Full Capacity
Given Name:: Ian
Middle Name::
Family Name:: McKenzie
Name Suffix::
City of Residence:: London
State or Province of Residence::
Country of Residence:: United Kingdom
Street of mailing address:: 161 Glenarm Road
City of mailing address::
State or Province of mailing address:: London
Country of mailing address:: United Kingdom
Postal or Zip Code of mailing address:: E5 ONB

Correspondence Information

Correspondence Customer Number:: 21559

Representative Information

Representative Customer Number:: 21559

Domestic Priority Information

Application:: Continuity Type:: Parent Application:: Parent Filing Date::
This Application National stage of PCT/CA2005/000108 01/27/2005

PCT/CA2005/000108 An application claiming the 60/539,556 01/27/2004
benefit under 35 USC
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